## IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of Allowed June 9, 2010

Charles TELLIER Conf. 3550

Application No. 10/522,161 Group 1639

Filed September 30, 2005 Examiner Christopher GROSS

METHOD FOR MAKING BIOCHIPS

### REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

June 18, 2010

Sir:

Receipt is acknowledged of the Filing Receipt for Serial No. 10/522,161.

It is requested that a new Filing Receipt be issued on which the city name of the first inventor, Charles Tellier, is correctly given as **NOTRE** (not Norte) **DAME DES LANDES**, as shown by the accompanying originally-filed Application Data Sheet, page 2.

Respectfully submitted,

YOUNG & THOMPSON

/Benoit Castel/

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# Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: METHOD FOR MAKING BIOCHIPS

Attorney Docket Number:: 0512-1258

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

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Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: CHARLES

Middle Name::

Family Name:: TELLIER

Name Suffix::

City of Residence:: NOTRE DAME DES LANDES

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 3, RUE DU PLONGEON

Address::

City of Mailing Address:: NOTRE DAME DES LANDES

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 44130

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MURIEL

Middle Name::

Family Name:: PIPELIER

Name Suffix::

City of Residence:: NANTES

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 29, AVENUE DE L'ENGOULEVENT

Address::

City of Mailing Address:: NANTES

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 44300

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: DIDIER

Middle Name::

Family Name:: DUBREUIL

Name Suffix::

City of Residence:: PORT SAINT PERE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 7, LA BOULAYE

Address::

City of Mailing Address:: PORT SAINT PERE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 44710

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: BRUNO

Middle Name::

Family Name:: BUJOLI

Name Suffix::

City of Residence:: SUCE SUR ERDRE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing LA BASSE BODINIERE

Address::

City of Mailing Address:: SUCE SUR ERDRE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 44240

Applicant Authority Type::

Inventor

Primary Citizenship Country:: UNITED STATES OF AMERICA

Status::

Full Capacity

Given Name::

DANIEL

Middle Name::

Family Name::

TALHAM

Name Suffix::

City of Residence::

GAINESVILLE

State or Province of

FLORIDA

Residence::

Country of Residence::

UNITED STATES OF AMERICA

Street of Mailing

1040 NE 5<sup>TH</sup> TERR

Address::

City of Mailing Address:: GAINESVILLE

State or Province of Mailing Address:: FLORIDA

Country of Mailing Address:: UNITED STATES OF AMERICA

Postal or Zip Code of Mailing Address:: 32601

Correspondence Information

Correspondence Customer

00466

Number::

#### Representative Information

Representative Customer	00466	
Number::		

# Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Туре::	Application::	Date::
This application	National Stage of	PCT/FR2003/002318	7/22/03

## Foreign Priority Information

Country::	Application	Filing Date::	Priority	
	Number::		Claimed::	
FRANCE	02/09456	7/25/02	Yes	

# Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::